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CONFIRMATION NO. 4922

|   |   |                                   |   |  |                                    |
|---|---|-----------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/789,399  | <b>FILING OR 371(c)<br/>DATE</b><br>02/27/2004<br><b>RULE</b>   | <b>CLASS</b><br>123               | <b>GROUP ART UNIT</b><br>3747   | <b>ATTORNEY<br/>DOCKET NO.</b><br>DKT 02124A (BWI-00089) |                                    |
| <b>APPLICANTS</b><br>Hal E. Pringle, Bloomfield, MI;<br>Robert D. Keefover, Farmington Hills, MI;<br>Michael J. Halsig, Warren, MI;   |   |                                   |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/474,354 05/30/2003   |   |                                   |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |   |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/18/2004</b>  |   |                                   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>MI | <b>SHEETS<br/>DRAWING</b><br>7  | <b>TOTAL<br/>CLAIMS</b><br>66                            | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>WARN PARTNERS, P.C.<br>P.O.BOX 70098<br>ROCHESTER HILLS, MI48307  |   |                                   |   |  |                                    |
| <b>TITLE</b><br>PRESSURE BALANCED BEARING   |   |                                   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2286  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |